FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	998
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI-DEATH MATED June	14 1968 2b. HOUR
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	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If you give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 216-09-5657 Mrs. Dorothy Jones—(hester, Mar	uyland
nould be executed within ward "pending" in pencil the Chief Medical Examination rial-transit permit. File pagen any event within 72 hour	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lear 5 Lot wounds of keacl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12.5727
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MARYLAND STATE DEPARTMENT OF HEALTH

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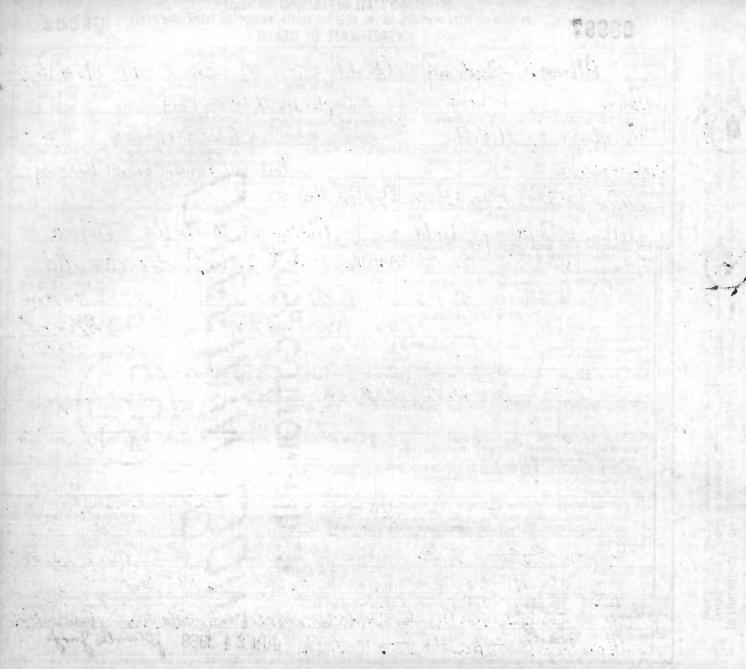
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DEPUTY SICAL EXAM Sessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page		22a. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🖳 Inquiry 🖟	and in m	y opinio
Se e ctar ctar ctar ned ned bu		death resulted fram: Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner		
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TY, pley, ple ret de ret priar		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATI	ZZ-67	>
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	1	MARYLAND STATE DEPARTMENT OF HEALTH
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AN: al or icote for u		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.)
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ATTEND etoined CTOR: A shauld vith the		couses stated above, (I) (we) (did) (did not) view the bady ofter death.
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OR be DIR Je 3 led v		DEGREE PHYS. DIRECTOR PHYS. L. 6-1-60
AL AL POG P		22d. PHYSICIAN'S NAME (Type) N
A n A n tor, and tor,		Raiph E. Libby M.D. Grasonville, Ma.
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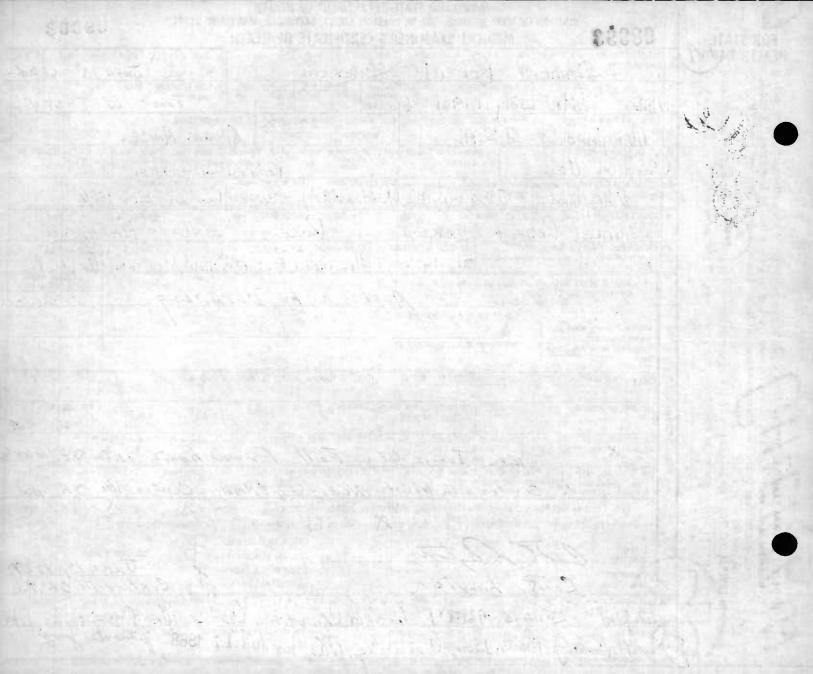
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	000
FOR STATES	08993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0003
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hin mine	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Applor unknown) (If yes give war or dates of service) 213-16-7001 NRS. KEAR E. KAUFMAN (ENTREVIEW)	
te should be executed with the word "pending" in per to the Chief Medicol Exon a buriol-tronsit permit. File and in any event within 72	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e ex penc penc of M sit p	Conditions, if any, which gave)	
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This certificate, writing be forward de used of or removal,	196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.)	20. AUTOPSY?
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ER: certifi ould es. should ion, o	PRIMARY FOR CONTRIBUTING HOUR A.M. June 13 1968 Fell Fron boat into.	Shallow water
	fortage affice building etc.)	nty State
DEPUTY DICAL EXAM scessary, pleose execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burjal, crem		2K mg
ICAL I	22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my apinian
blica director. etoined to DIRECTO	death resolved fram: National causes , Accident , Solicide , Indimicide , Onderermined manner	
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sary, inerch	DEPUTY MEDICAL EXAMINER X Vane	14, 1907
O DEPUTY necessary, property is may be roof the funeral of Funeral Health printers.	NAME (Type) C. R. Layton ADDRESS(Street, city, town, or county) Centrevil	cap md
00 10 10 10 10 10 10 10 10 10 10 10 10 1	230. BURIAL CREMATION; 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Jown) (Count BURIAL Specify) JUNE 15, 1968 Chesterfield (Emetery Centre)	Panes My
	PA FUNERAL DIRECTOR A GO BOAT ROLL ADDRESS MODELLA REGISTRAR 1968 Sb. REGISTRAR SIGNAL SIGNAL	yrynagi
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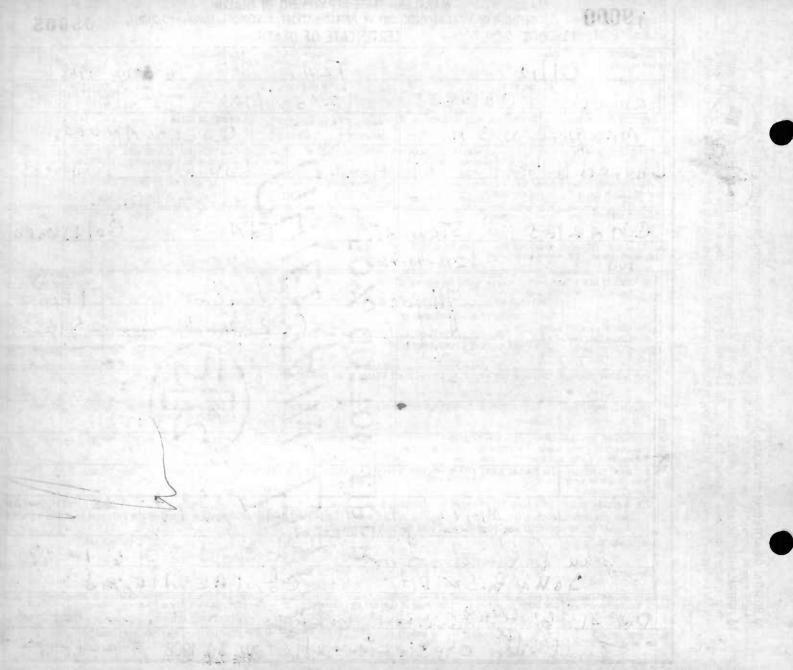
CTATE DEDADTARENT OF HEALTH



8	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	09004
FOR STATE	1 0	Items 1 & MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. [19 1968 545 M
ay is 3 to Page nt a		SEX . S DATE OF RIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINGED DEAD	2d. HOUR
2, and 3 to PM3. Page	711	ARACE S. DATE OF BIRTH Mar. 19-1896 6. AGE (In yours lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month J nue Day 19	Year 68 1120 M
- E O		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COU	7
th far			b. KIND OF BUSINESS OR
after death. 8. Give Pages 1, glang with farm with the State Deeath.		during Rost of working life, even if retired.)	DUSTRY
0 m 0/ 3 0 30	13o. o	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135 CITY OR TOWN 13d. INSIDECITY LIMITS? 13d. INSIDECITY LIMITS? YES NO 1209 Elmora Ave	; Balt.
	14. F	FATHER'S NAME Clarence S Middle Spilman 15. MOTHER'S MAIDEN NAME First Middle Sad	tler lost
MINER: This certificate shauld be executed within 24 the certificate, writing the ward "pending" in pencil in 14 shauld be farwarded to the Chief Medical Examiner's ur files. In Should be used as a burial-transit permit. File pages emation, ar remayal, and in any event within 72 haurs of	16a.	Was Deceased Ever in U.S. ARMED FORCES? Yes, no, grankgown) (If yegge pag or dates of service) J16-03-6966 What Shahd Spilman-17813 (addie D.	n. Denwood
d wit in pe Exan File in 72		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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This cate, vobe far.	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This e certificate, shauld be for files. 3 should be undered as the formula be undered.	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	
ICAL EXAMINER: execute the certifor. Page 4 shauld ed for your files. CTOR: Page 3 shoul burial, cremation,	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town	County State
L EXAM tecute th Page 4 far your Nr. Page		WHILE AT WORK AT WORK office building, etc.)	
JICAL EXAM lease execute the director. Page 4 etained far your DIRECTOR: Page		220. I certify that I took charge of the remains described abave, held an Autapsy, Inspection 💹, Inquiry 💐,	ond in my opinian
olicase errector ained rector to but		deoth resulted fram: Natural couses 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner]
ITY please by please retaine RAL DIRECT to prior to be	3	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIG	EMED
UTY, Dary, Deral Pri	F	DEPUTY MEDICAL EXAMINER 7	62
O DEPUTY SICA necessary, please ex the funeral directar. 5 may be retained for EUNERAL DIRECTO Health prior to bur		EXAMINER'S NAME (Type) C. Rodney Layton ADDRESS(Street, city, town, or county) Centrevi	tle, Md.
01	230	BURIAL (REMATION, REMAIN), 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	aunty) (State)
SP	24.	FUNERAL DIRECTOR L. Lane Church Hill, Maryland 250, AFG DAY DEGLITRA 1968 256. PAGINTARY SIGNARY SIGNA	NATURE
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		MARYLAND STATE DEPARTMENT OF HEALTH
		DSUUU DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	I	tem8&23d, FilmG401 6/24/68km CERTIFICATE OF DEATH
.t _ 2 -ti	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
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e	3. 51	
s at	Land.	FEMALE CULORED 2/5/1900 last birthday) PRS. HOURS MIN
A hour way		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRED 9. COUNTY OF DEATH 9. CO
within 24 filled bon page	10.	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af working life, even if retired.) 12b. KIND OF BUSINESS OR during mast af working life, even if retired.)
	120	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
to E e e	adm	ission and lab. county ueen Annes YES NO Church Hill, Md.
e law requires that the death certificate be execut tending physician. as been signed by the attending physician and famas as the burial-transit permit. Then please remave priar ta burial, crematian, ar remaval, and in any execut	14.	FATHER'S NAME First Middle STEWART 15. MOTHER'S MAIDEN NAME First Middle GoldSloged
rian cian ease and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
rtifico ohysi on pla val,	1	(es, na, ar unknawn) (If yes give war or dates of service) 216 - 40 - 4385
Ing H		1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
endi mit. ar r		IMMEDIATE CAUSE (a) 140 cardial Infaction I home
he of per tian		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
nat t r. y tho insit ema		rise ta immediate cause (a), (b)
es the siciar siciar sed be self-tre se		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.
quir phys signe ouric	13	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing een he l	×	4201
The law ratending has been se as the h priar ta	CERTIFICATION	19d. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy? 20b. If yes, were findings considered in certifying causes of death?
도 등 도 중 는 _ /	ERTIF	YES NO (ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
ICIAN: Though of a control of the control of the control of the control of Health		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
ATTENDING PHYSICIAN: The etained by the hospital or afte CTOR: After this certificate has shauld be detached far use a shauld be detached far ith the State Dept. af Health print the State Dept.	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Town Caunty State While - Not while -
the Ithis this details be be		at wark at wark
by After After Stat		220. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and haur and from the
TEN ined NR: A suld the		causes stated above, (I) (we) (did) (did not) view the body after death.
OR ATTENDING be retained by It NRECTOR: After I e 3 shauld be de		22b. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 22c. DATE SIGNED
L OF be DIR		22d. PHYS(CAN'S 22e. ADDRESS 22
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the state Dept.	_	NAME(Type) JOHN R. SMITH CENTREUITE, Md
HO.	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Church Hill, Q.A. Maryland
2227	24	FÜNERAL DIRECTOR ADDRESS LEGISTRAR 25b. REGISTRARS SIGNATURE
VR A15(4) 30M REV. 1468	24.	Lemost was chester town and DATE MIN 2.0 1968 periorles Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DER Middle 1. DECEASED-NAME First 2a. DATE KNOWN PC Month 2b. HOUR (Type or Print) ESTI-RNON Poge 9 DEATH MATED deloy IF UNDER 24 HRS. 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD 2d. HOUR and last birthday) Month June Day & Nov. 18 YRS the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN, OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED [DIVORCED Give Poges death 10. CITY_OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Office olong with 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) give street address) INDUSTRY TUDENT land 2 with RESIDENCE (Where deceased lived, if institution: Regidence before 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO in Item after 14. FATHER'S NAME IS MOTHER'S MALDEN NAME First Last SEORAI should be forwarded to the Chief Medical Examiner's pages hours pencil 17. INFORMANT (Yes, no of unknown) (If yes give war or dates of service) 532-560811 JOSEO -File .⊆ be executed within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY min IMMEDIATE CAUSE (a) ... DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditians, if any, which gave rise ta immediate cause (a). certificate should writing the word dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, YES 🗍 pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY, Mapth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A M buriol, cremotion, June 91967 Brackston in Duch Tored West CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street of R.F.D. No. factory, affice building, etc.) NOT WHILE ucenst please execute Poge ICENSTORA Creck 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 1 Inquiry 1 and in my apinian director. death resulted from: Natural causes Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL FXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS (Street, city, town, or county) Centreville OR NAME (Type) the 0 BURIAL, CREMATION 23b. DATE (County) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

